

**Santa Barbara Police Department
Citizen Traffic Collision Report**

Case # _____
Police Use Only
OFFENSE CODE 18B05

Location of Collision (Block Direction Street) _____

Nearest Cross Street _____

Today's Date _____ **Date of Collision** _____ **Time** _____

Your Name (Reporting Party) : _____

Driver's Name (If Not Reporting Party): _____

Address: _____

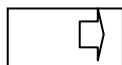
Date of Birth: _____ **Sex:** () Male () Female **Race:** _____
(MM/DD/YY)

Phone Numbers: Home (_____) _____ Work (_____) _____

Driver's License # & State: _____

Insurance Information: Company _____ Policy # _____

Vehicle information: Year _____ Make _____ Model _____ Lic. # _____



Damage: Shade in area of damage Minor ☐ Moderate ☐ Major ☐ Unknown ☐

Other party information:

Name: _____ **Driver's License # & State:** _____

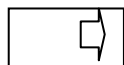
Address: _____

Date of Birth: _____ **Sex:** () Male () Female **Race:** _____

Phone #: Home _____ **Work** _____ **Birthdate** _____
(MM/DD/YY)

Insurance Information: Company _____ Policy # _____

Vehicle information: Year _____ Make _____ Model _____ Lic. # _____



Damage: Minor ☐ Moderate ☐ Major ☐ Unknown ☐

Shade in area of damage

**THIS REPORT IS FILED FOR DOCUMENTATION PURPOSES ONLY
NO ADDITIONAL INVESTIGATION WILL BE CONDUCTED**

Official use only

Reporting Ofcr/Rec Spec _____ ID # _____ Supervisor _____ ID # _____
Date _____

Distribution: ☒ File Only